## **Eorm 8879-TE**

## **IRS** *e-file* **Signature Authorization** for a Tax Exempt Entity

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer PAWS WITH PURPOSE INC 20-0681397 Name and title of officer or person subject to tax SHEILAH ABRAMSON-MILES - PRESIDENT Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here . . . . X **b Total revenue**. if any (Form 990, Part VIII, column (A), line 12) . . . Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . . Form 1120-POL check here . . **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . 3b 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . Form 8868 check here . . . . 5a 5b Form 990-T check here . . . **b Total tax** (Form 990-T, Part III, line 4) . . . . . . . . . . . . Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . 7a 7b Form 5227 check here . . . **b** FMV of assets at end of tax year (Form 5227, Item D) . . Form 5330 check here . . . . **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . . 9h 92 Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 🛛 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name , (EIN) 20-0681397 of entity) Sheilah Abramson-Miles and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize MELISSA ERWIN TAYLOR EA to enter my PIN as my signature Enter five numbers, but on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Shoilah Abramson-Wiles 9/26/2023 Signature of officer or person subject to tax Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 6 1 8 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I

am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. MELISSA ERWIN TAYLOR EA MELISSA E TAYLOR

> ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Date <u>09/26/2023</u>

ERO's signature

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

| Α                              | For the      | 2022 calend   | dar year, or tax year beginning , 2022, and  | ending   | 9                | _              | , 20                           |
|--------------------------------|--------------|---------------|--|----------|------------------|----------------|--------------------------------|
| В                              | Check if a   | applicable:   | C Name of organization PAWS WITH PURPOSE INC   |          |                  |                | oyer identification number     |
|                                | Address      | change        | Doing business as  |          |                  | 20-0           | 0681397                        |
|                                | Name cha     | ange          | Number and street (or P.O. box if mail is not delivered to street address)           | Ro       | oom/suite        |                | hone number                    |
|                                | Initial retu | rn            | PO BOX 5458  |          |                  | 502-           | -689-0804                      |
|                                | Final retur  | n/terminated  | City or town, state or province, country, and ZIP or foreign postal code             |          |                  |                |                                |
|                                | Amended      | return        | LOUISVILLE, KY 40255   |          |                  | <b>G</b> Gross | receipts \$ 494179             |
|                                | Application  | n pending     | F Name and address of principal officerSHEILA ABRAMS MILES                           |          | H(a) Is this a   | group return f | or subordinates?  Yes  No      |
|                                |              |               | 1812 KLINE CT LOUISVILLE, KY 40205   |          | H(b) Are all     | subordinat     | es included?  Yes No           |
| I                              | Tax-exem     | pt status:    | X 501(c)(3)  | 527      | If "No,"         | attach a li    | st. See instructions.          |
| J                              | Website:     | PAWS          | SWITHPURPOSE.ORG   |          | H(c) Group       | exemption      | number                         |
| K                              | Form of o    | ganization: 🛚 | Corporation Trust Association Other L Year o   | f format | tion: 2003       | M State        | of legal domicile: KY          |
| Р                              | art I        | Summa         | ry   |          |                  |                |                                |
|                                | 1            | Briefly des   | cribe the organization's mission or most significant activities:                     |          |                  |                |                                |
| Se                             |              | SERVICE DO    | OGS AND CONTINUED SUPPORT TO PERSONS WITH DISABILITIES OTHER                         | THAN E   | BLINDNESS        |                |                                |
| Jan                            |              |               |  |          |                  |                |                                |
| /err                           | 2            | Check this    | box if the organization discontinued its operations or dispo                         | sed of   | more than 2      | 25% of it      | s net assets.                  |
| Governance                     | 3            | Number of     | voting members of the governing body (Part VI, line 1a)                              |          |                  | 3              | 7                              |
| જ                              | 4            | Number of     | independent voting members of the governing body (Part VI, lin                       | ne 1b)   |                  | 4              |                                |
| ties                           | 5            | Total numb    | per of individuals employed in calendar year 2022 (Part V, line 2                    | a) .     |                  | 5              | 9                              |
| Activities &                   | 6            | Total numb    | per of volunteers (estimate if necessary)  |          |                  | 6              |                                |
| Ac                             | 7a           | Total unrel   | ated business revenue from Part VIII, column (C), line 12                            |          |                  | 7a             | 517                            |
|                                | b            | Net unrelat   | ted business taxable income from Form 990-T, Part I, line 11 .                       |          |                  | 7b             |                                |
|                                |              |               |  |          | Prior Ye         | ar             | Current Year                   |
| Ф                              | 8            | Contributio   | ons and grants (Part VIII, line 1h)  | 45       | 6305             | 435802         |                                |
| ž                              | 9            | Program se    | ervice revenue (Part VIII, line 2g)  |          | 29895            |                |                                |
| Revenue                        | 10           | Investment    | t income (Part VIII, column (A), lines 3, 4, and 7d)                                 |          |                  |                |                                |
| Œ                              | 11           | Other reve    | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                       | 5        | 8220             | 28482          |                                |
|                                | 1            |               | ue-add lines 8 through 11 (must equal Part VIII, column (A), line                    |          | 51               | 4525           | 494179                         |
|                                | 13           | Grants and    | d similar amounts paid (Part IX, column (A), lines 1-3)                              |          |                  |                |                                |
|                                | 14           | Benefits pa   | aid to or for members (Part IX, column (A), line 4)                                  | . [      |                  |                |                                |
| Ś                              | 4            |               | her compensation, employee benefits (Part IX, column (A), lines 5-                   |          | 14               | 8796           | 209296                         |
| Expenses                       | 16a          | Profession    | al fundraising fees (Part IX, column (A), line 11e)                                  | . [      |                  |                |                                |
| be                             | b            | Total fundr   | raising expenses (Part IX, column (D), line 25)                                      | 799      |                  |                |                                |
| û                              | 17           |               | enses (Part IX, column (A), lines 11a-11d, 11f-24e)                                  | F        | 22               | 6757           | 265069                         |
|                                | 18           | Total expe    | nses. Add lines 13-17 (must equal Part IX, column (A), line 25)                      | . [      | 37               | 5553           | 474365                         |
|                                | 19           | Revenue le    | ess expenses. Subtract line 18 from line 12  | . [      | 13               | 8972           | 19814                          |
| or                             |              |               |  |          | Beginning of Cu  | rrent Year     | End of Year                    |
| Net Assets or<br>Fund Balances | 20           | Total asset   | ts (Part X, line 16)   |          | 45               | 9584           | 475875                         |
| t Ass                          | 21           | Total liabili | ties (Part X, line 26)   |          |                  | 3523           | 0                              |
| 골등                             | 22           | Net assets    | or fund balances. Subtract line 21 from line 20                                      |          | 45               | 6061           | 475875                         |
| Pa                             | art II       | Signatu       | re Block   | •        |                  |                |                                |
|                                |              |               | , I declare that I have examined this return, including accompanying schedules a     |          |                  |                | my knowledge and belief, it is |
| tru                            | ie, correct, | and complete  | e. Declaration of preparer (other than officer) is based on all information of which | prepare  | r has any knowle | edge.          |                                |
|                                |              |               |  |          |                  |                |                                |
| Si                             | gn           | Signature of  | officer  |          | Dat              | e              |                                |
| He                             | ere          | SHE           | EILAH ABRAMSON-MILES, PRESIDENT  |          |                  |                |                                |
|                                | ļ            | Type or print | name and title   |          |                  |                |                                |
| D-                             | nid .        | Print/Type    | preparer's name Preparer's signature   | Da       | ate              | Check          | X if PTIN                      |
| Pa                             |              | , MELI        | ISSA E TAYLOR  | 0        | 9/26/2023        |                |                                |
|                                | epare        | Firms's non   | MOTTOGA DOLITAL MASSION DA   |          |                  | 's EIN         | 82-2832140                     |
| US                             | se Only      | Firm's add    |  |          | Pho              | ne no. 8       | 359-792-8700                   |
| Ma                             | y the IR     | S discuss t   | this return with the preparer shown above? See instructions .                        |          |                  |                | . 🛚 Yes 🗌 No                   |

| Part | Check if Schedule O contains a response or note to any line in this Part III  |
|------|---|
| 1    | Briefly describe the organization's mission:  |
| •    | TO PROVIDE HIGHLY SKILLED SERVICE DOGS AND CONTINUED SUPPORT TO PERSONS WITH  |
|      | DISABILITIES OTHER THAN BLINDNESS.  |
|      |   |
|      |   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the                  |
|      | prior Form 990 or 990-EZ?   |
| •    | If "Yes," describe these new services on Schedule O.  |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?                  |
|      | services?   |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured by    |
| 7    | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others |
|      | the total expenses, and revenue, if any, for each program service reported.   |
|      |   |
| 4a   | (Code:) (Expenses \$208460 including grants of \$) (Revenue \$21500 )   |
|      | Placement and training of service animals and clients.  |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
| 4b   | (Code: ) (Expenses \$ 2556 including grants of \$ ) (Revenue \$ 8395 )  |
|      | Boarding and Grooming.  |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
|      |   |
| 4c   | (Code:) (Expenses \$including grants of \$) (Revenue \$)  |
| 70   | (Code:) (Expenses $\psi$ ) (nevende $\psi$ )  |
|      |   |
|      |   |
|      |   |
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|      |   |
| 4d   | Other program services (Describe on Schedule O.)  |
|      | (Expenses \$ including grants of \$ ) (Revenue \$ )   |
| 40   | Total program service expenses 211016   |

### Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Χ 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Χ 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b Χ Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . . . . . Χ Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets Χ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 13 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . . . 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . . . . . . . . . . . . Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . . . . . . . . Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . . Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Χ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . 20a 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . Χ

| Part         | Checklist of Required Schedules (continued)  |            |     |    |
|--------------|--|------------|-----|----|
|              | D  |            | Yes | No |
| 22           | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         |     | Х  |
| 23           | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   | 23         |     | Х  |
| 24a          | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a        |     | Х  |
|              | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24b        |     |    |
| 25a          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 24d<br>25a |     | Х  |
| b            | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b        |     | X  |
| 26           | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>  | 26         |     | X  |
| 27           | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27         |     | Х  |
| 28           | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):   |            |     |    |
| а            | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a        |     | Х  |
|              | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV </i>  | 28b<br>28c |     | X  |
| 29<br>30     | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>  | 29         |     | X  |
| 31<br>32     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 31         |     | X  |
| 33           | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>  | 33         |     | X  |
| 34           | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34         |     | Х  |
| 35a<br>b     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a<br>35b |     | X  |
| 36           | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>  | 36         |     | Х  |
| 37           | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>   | 37         |     | Х  |
| 38           | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O  | 38         | Х   |    |
| Part         | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   |            |     |    |
|              |  |            | Yes | No |
| 1a<br>b<br>c | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   |            |     |    |
| C            | reportable gaming (gambling) winnings to prize winners?  | 1c         |     |    |

Form 990 (2022)

|          | 0 (2022)  |     |     | rage <b>J</b> |
|----------|---|-----|-----|---------------|
| Part     | V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |     | Yes | No            |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 9                         |     |     |               |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .  | 2b  | X   |               |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | X             |
| b        | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .  | 3b  |     |               |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,   |     |     |               |
|          | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a  |     | Х             |
| b        | If "Yes," enter the name of the foreign country   |     |     |               |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |     |               |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     | X             |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  |     | X             |
| С        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |               |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |     |     |               |
| <b>L</b> | organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a  |     | X             |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | Ch  |     |               |
| 7        | Organizations that may receive deductible contributions under section 170(c).   | 6b  |     |               |
| a        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   |     |     |               |
| _        | and services provided to the payor?   | 7a  |     |               |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  |     |               |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |     |     |               |
|          | required to file Form 8282?   | 7c  |     |               |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year   |     |     |               |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e  |     |               |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  | 7f  |     |               |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |     |               |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h  |     |               |
| 8        | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?          |     |     | X             |
| 9        | Sponsoring organizations maintaining donor advised funds.   | 8   |     | Δ             |
| a        | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |     |               |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |               |
| 10       | Section 501(c)(7) organizations. Enter:   |     |     |               |
| а        | Initiation fees and capital contributions included on Part VIII, line 12  |     |     |               |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |     |     |               |
| 11       | Section 501(c)(12) organizations. Enter:  |     |     |               |
| а        | Gross income from members or shareholders   |     |     |               |
| b        | Gross income from other sources. (Do not net amounts due or paid to other sources   |     |     |               |
|          | against amounts due or received from them.)   |     |     |               |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b | 12a |     |               |
| b<br>13  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |     |     |               |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |               |
| -        | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |     |     |               |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which  |     |     |               |
|          | the organization is licensed to issue qualified health plans  |     |     |               |
| С        | Enter the amount of reserves on hand  |     |     |               |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | Х             |
| b        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  | 14b |     |               |
| 15       | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |     |     |               |
|          | excess parachute payment(s) during the year?  | 15  |     |               |
| 10       | If "Yes," see the instructions and file Form 4720, Schedule N.  | 40  |     |               |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.   | 16  |     |               |
| 17       | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities   |     |     |               |
| .,       | that would result in the imposition of an excise tax under section 4951, 4952, or 4953?   | 17  |     |               |
|          | If "Yes." complete Form 6069.   |     |     |               |

Form 990 (2022)

| Part     | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI                       | See in     | struc  | tions. |
|----------|---|------------|--------|--------|
| Sooti    | on A. Governing Body and Management   |            | • •    |        |
| Secu     | on A. Governing Body and Management   |            | Yes    | No     |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |            | 103    |        |
| b<br>2   | Enter the number of voting members included on line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2          |        | X      |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .   | 3          |        | Х      |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4          |        | X      |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5          |        | X      |
| 6        | Did the organization have members or stockholders?  | 6          |        | X      |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a         |        | Х      |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,   |            |        |        |
|          | stockholders, or persons other than the governing body?   | 7b         |        | X      |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |            |        |        |
| а        | The governing body?   | 8a         |        | X      |
| b        | Each committee with authority to act on behalf of the governing body?   | 8b         |        | _X_    |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>   | 9          |        | Х      |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Reven   | _          | nde )  |        |
|          | <u> </u>  |            | Yes    | No     |
| 10a      | Did the organization have local chapters, branches, or affiliates?  | 10a        |        | X      |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b        |        |        |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a        | X      |        |
| b        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |            |        |        |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a        | X      |        |
| c        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done                | 12b        | X      |        |
| 13       | Did the organization have a written whistleblower policy?   | 13         |        | X      |
| 14       | Did the organization have a written document retention and destruction policy?  | 14         |        |        |
| 15       | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |            |        |        |
| а        | The organization's CEO, Executive Director, or top management official  | 15a        |        | Х      |
| b        | Other officers or key employees of the organization   | 15b        |        | X      |
| 16a      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  |            |        |        |
|          | with a taxable entity during the year?  | 16a        |        | X      |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |            |        |        |
|          | organization's exempt status with respect to such arrangements?   | 16b        |        |        |
|          | on C. Disclosure  |            |        |        |
| 17<br>18 | List the states with which a copy of this Form 990 is required to be filed KY  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   | <br>Г (sec | tion 5 | 501(c) |
| 19       | ☑ Own website ☐ Another's website ☑ Upon request ☐ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.                              | f intei    | est p  | olicy, |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and re SUSANNE PORTER 502-689-0804 PO BOX 5458 LOUISVILLE, KY 40255  | cords      |        |        |

**Independent Contractors** 

Form 990 (2022)

## Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

| ☐ Check this box if neither the organization no | r any relate  | d org   | aniz                  | atic    | n c          | ompe                         | nsa          | ted any current                               | officer, director,                             | or trustee.                                     |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------------|---|--|---|
| (A)   | (B)   | (C)<br>Position   |                       |         |              |                              |              | (D)   | (E)  | (F)   |
| Name and title                                  | Average<br>hours<br>per week  | (do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |         |              |                              | n an<br>tee) | Reportable compensation from the              | Reportable compensation from related           | Estimated amount of other compensation          |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former       | organization (W-2/<br>1099-MISC/<br>1099-NEC) | organizations (W-2/<br>1099-MISC/<br>1099-NEC) | from the organization and related organizations |
| (1) SHEILAH ABRAMS                              | 20  |   |                       |         |              |                              |              |   |  |   |
| PRESIDENT                                       |   | X   |                       | X       |              |                              |              | 0   | 0  | 0   |
| (2) SUE WETTLE                                  | 20  |   |                       |         |              |                              |              |   |  |   |
| VICE PRESIDENT                                  |   | X   |                       | X       |              |                              |              | 0   | 0  | 0   |
| (3) ELAINE WEISBER                              | 20  |   |                       |         |              |                              |              |   |  |   |
| VICE PRESIDENT                                  |   | X   |                       | Х       |              |                              |              | 0   | 0  | 0   |
| (4) KEVIN HISEL                                 | 5   |   |                       |         |              |                              |              |   |  |   |
| TREASURER                                       |   | X   |                       |         |              |                              |              | 0   | 0  | 0   |
| (5) DOLORES BILES SECRETARY                     | 5   |   |                       | X       |              |                              |              | 0   | 0  | 0   |
| (6) LAUREN WITHAM                               | 1   |   |                       |         |              |                              |              |   |  |   |
| BOARD MEMBER                                    |   | X   |                       |         |              |                              |              | 0   | 0  | 0   |
| (7) SARA SANTO                                  | 1   |   |                       |         |              |                              |              |   |  |   |
| BOARD MEMBER                                    |   | X   |                       |         |              |                              |              | 0   | 0  | 0   |
| (8) DIANA QUESADA                               | 1   |   |                       |         |              |                              |              |   |  |   |
| BOARD MEMBER                                    |   | X   |                       |         |              |                              |              | 0   | 0  | 0   |
| (9) DAN FURMAN                                  | 1   |   |                       |         |              |                              |              |   |  |   |
| BOARD MEMBER                                    |   | Х   |                       |         |              |                              |              | 0   | 0  | 0   |
| (10)  |   |   |                       |         |              |                              |              |   |  |   |
| <u>(11)</u>                                     |   |   |                       |         |              |                              |              |   |  |   |
| (12)  |   |   |                       |         |              |                              |              |   |  |   |
| (13)  |   |   |                       |         |              |                              |              |   |  |   |
| (14)  |   |   |                       |         |              |                              |              |   |  |   |

Page 8

Form 990 (2022)

| Part       | VII Section A. Officers, Directors,   | Trustees,  | Key Employees, and             |                       |                     |                |                              |           | d Highest Compensated Employees (continued)              |   |               |   |  |  |
|------------|---|--|--------------------------------|-----------------------|---------------------|----------------|------------------------------|-----------|--|---|---------------|---|--|--|
|            | (A)<br>Name and title   | (B) Average hours per week (list any                           | box, office                    | unles<br>er and       | Pos<br>neck<br>s pe | rson<br>lirect | e than of is both or/trust   | an<br>ee) | (D)  Reportable compensation from the organization (W-2/ | (E)  Reporta compens from rela organization | ation<br>ated | (F) Estimated amount of other compensation from the |  |  |
|            |   | hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee | Officer             | Key employee   | Highest compensated employee | Former    | 1099-MISC/<br>1099-NEC)                                  | 1099-M<br>1099-N                            | ISC/          | organization and related organizations              |  |  |
| (15)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| (16)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| (17)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| (18)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| (19)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| (20)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| (21)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| (22)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| (23)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| (24)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| (25)       |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| 1b         | Subtotal  |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| c<br>d     | Total from continuation sheets to Part Total (add lines 1b and 1c)  |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| 2          | Total number of individuals (including bur reportable compensation from the organ                             | t not limited  |                                |                       |                     |                | above                        | e) w      | ho received mor  | e than \$10                                 | 00,000        | of  |  |  |
| 3          | Did the organization list any former of employee on line 1a? If "Yes," complete                               |  |                                |                       |                     |                |                              | -         | oyee, or highes  | -   |               | Yes No  |  |  |
| 4          | For any individual listed on line 1a, is the organization and related organizations individual                |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| 5          | Did any person listed on line 1a receive of for services rendered to the organization                         |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| Secti<br>1 | on B. Independent Contractors  Complete this table for your five high compensation from the organization. Rep |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
|            | (A)<br>Name and business add  | lress  |                                |                       |                     |                |                              |           | (B) Description of serv                                  | vices                                       | (             | (C)<br>Compensation                                 |  |  |
|            |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| ,          |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
|            |   |  |                                |                       |                     |                |                              |           |  |   |               |   |  |  |
| 2          | Total number of independent contractor received more than \$100,000 of compens                                |  |                                |                       |                     |                | ed to                        | th        | ose listed abov  | e) who                                      |               |   |  |  |

| <b>Part VIII</b> | Statement of Rever | nue |
|------------------|--------------------|-----|
|------------------|--------------------|-----|

|   |     | Check if Schedule          | Осо     | ntains a re  | spor     | ise or note to an | ny line in this Pa   | rt VIII                                |                                      |  |
|---|-----|----------------------------|---------|--------------|----------|-------------------|----------------------|--|--------------------------------------|--|
|   |     |                            |         |              |          |                   | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512–514 |
| is,   | 1a  | Federated campaig          | ns .    |              | 1a       |                   |                      |  |                                      |  |
| Contributions, Gifts, Grants, and Other Similar Amounts | b   | Membership dues            |         |              | 1b       |                   |                      |  |                                      |  |
| ည် ရူ   | С   | Fundraising events         |         |              | 1c       | 7544              |                      |  |                                      |  |
| fts,  | d   | Related organization       | ns .    |              | 1d       |                   |                      |  |                                      |  |
| ia Gi   | е   | Government grants          |         |              | 1e       |                   |                      |  |                                      |  |
| ns,<br>Sir  | f   | All other contribution     | ns, gi  | fts, grants, |          |                   |                      |  |                                      |  |
| tio<br>er (   |     | and similar amounts no     | ot incl | uded above   | 1f       | 428258            |                      |  |                                      |  |
| ig #  | g   | Noncash contribution       |         |              |          |                   |                      |  |                                      |  |
| nt o  |     | lines 1a–1f 1g             |         |              |          | \$                |                      |  |                                      |  |
| a<br>au   | h   | Total. Add lines 1a-       | -1f .   |              |          |                   | 435802               |  |                                      |  |
|   |     |                            |         |              |          | Business Code     |                      |  |                                      |  |
| Ce  | 2a  | ADOPTION FEES AN           | D PL    |              |          | 541900            | 21500                | 21500                                  |                                      |  |
| ه ػ   | b   | GROOMING AND BO            |         | <br>V        |          | 812900            | 8395                 | 8395                                   |                                      |  |
| gram Ser<br>Revenue                                     | С   |                            |         |              |          |                   |                      |  |                                      |  |
| E S   | d   |                            |         |              |          |                   |                      |  |                                      |  |
| gr.<br>Re   | е   |                            |         |              |          |                   |                      |  |                                      |  |
| Program Service<br>Revenue                              | f   | All other program se       |         |              |          |                   |                      |  |                                      |  |
| _   | g   | Total. Add lines 2a-       |         |              |          |                   | 29895                |  |                                      |  |
|   | 3   | Investment income          | (incl   | luding divid | dend     | s, interest, and  |                      |  |                                      |  |
|   |     | other similar amoun        |         |              |          |                   |                      |  |                                      |  |
|   | 4   | Income from investr        | nent o  | of tax-exem  | npt bo   | and proceeds      |                      |  |                                      |  |
|   | 5   | B                          |         |              | •        | ·                 |                      |  |                                      |  |
|   |     | ,                          |         | (i) Real     |          | (ii) Personal     |                      |  |                                      |  |
|   | 6a  | Gross rents                | 6a      |              |          |                   |                      |  |                                      |  |
|   | b   | Less: rental expenses      | 6b      |              |          |                   |                      |  |                                      |  |
|   | С   | Rental income or (loss)    | 6c      |              |          |                   |                      |  |                                      |  |
|   | d   | Net rental income o        |         | s)           |          |                   |                      |  |                                      |  |
|   | 7a  | Gross amount from          |         | (i) Securit  |          | (ii) Other        |                      |  |                                      |  |
|   |     | sales of assets            |         |              |          |                   |                      |  |                                      |  |
|   |     | other than inventory       | 7a      |              |          |                   |                      |  |                                      |  |
| <u>o</u>  | b   | Less: cost or other basis  |         |              |          |                   |                      |  |                                      |  |
| Revenue   |     | and sales expenses .       | 7b      |              |          |                   |                      |  |                                      |  |
| eVe   | С   | Gain or (loss)             | 7c      |              |          |                   |                      |  |                                      |  |
|   | d   | Net gain or (loss)         |         |              |          |                   |                      |  |                                      |  |
| Other   |     | Gross income from          | m fu    | ndraising    |          |                   |                      |  |                                      |  |
| Б   |     | events (not including      |         | 7544         |          |                   |                      |  |                                      |  |
|   |     | of contributions rep       | porte   | d on line    |          |                   |                      |  |                                      |  |
|   |     | 1c). See Part IV, line     | e 18    |              | 8a       |                   |                      |  |                                      |  |
|   | b   | Less: direct expens        | es .    |              | 8b       |                   |                      |  |                                      |  |
|   | С   | Net income or (loss)       | ) from  | n fundraisin | g eve    | ents              |                      |  |                                      |  |
|   | 9a  | Gross income f             |         |              |          |                   |                      |  |                                      |  |
|   |     | activities. See Part I     | IV, lin | e 19 .       | 9a       |                   |                      |  |                                      |  |
|   | b   | Less: direct expens        | es .    |              | 9b       |                   |                      |  |                                      |  |
|   | С   | Net income or (loss)       | ) from  | n gaming ac  | ctivitie | es                |                      |  |                                      |  |
|   | 10a | Gross sales of ir          |         | ory, less    |          |                   |                      |  |                                      |  |
|   |     | returns and allowances 10a |         |              |          |                   |                      |  |                                      |  |
|   | b   | Less: cost of goods        | sold    |              | 10b      |                   |                      |  |                                      |  |
|   | С   | Net income or (loss)       | ) from  | sales of in  | vent     | ory               |                      |  |                                      |  |
| <u>S</u>  |     |                            |         |              |          | Business Code     |                      |  |                                      |  |
| eor<br>Ie   | 11a | REIMBURSEMENTS             |         |              |          |                   | 27965                | 27965                                  |                                      |  |
| an  | b   | OTHER MISC                 |         |              |          | 900099            | 517                  |  | 517                                  |  |
| scellaneo<br>Revenue                                    | С   |                            |         |              |          |                   |                      |  |                                      |  |
| Miscellaneous<br>Revenue                                | d   | All other revenue          |         |              | •        |                   |                      |  |                                      |  |
| ≥   | е   | Total. Add lines 11a       | a–11c   | 1            |          |                   | 28482                |  |                                      |  |
|   | 12  | Total revenue. See         | instr   | uctions .    |          |                   | 494179               | 57860                                  | 517                                  |  |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . (D) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 178270 135270 43000 Other salaries and wages . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13435 13435 Other employee benefits . . . . . . . 9 17591 17591 10 Payroll taxes . . . . . . . . . . . . . . . . Fees for services (nonemployees): 11 2875 2875 Management . . . . . . . . . . . . 1405 1405 Accounting . . . . . . . . . . . . Lobbying . . . . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 415 415 12 Advertising and promotion . . . . . . 13 7726 7726 Office expenses . . . . . . . . . 14 Information technology . . . . . . . 15 8242 8242 16 14313 14313 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19190 19190 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates . . . . . . . . 22 Depreciation, depletion, and amortization . 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) PROGRAM EXPENSE 210104 210104 FUNDRAISING EXPENSES 799 799 b C d All other expenses 474365 413193 60373 799 25 **Total functional expenses.** Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 
if following SOP 98-2 (ASC 958-720)

## Part X Balance Sheet

| 2   Savings and temporary cash investments   3   3   |      |     | Check if Schedule O contains a response or note to any line in this Par  | t X    |     |        |
|--|------|-----|--|--------|-----|--------|
| 2 Savings and temporary cash investments   |      |     |  |        |     |        |
| 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5   |      | 1   | Cash—non-interest-bearing  | 379616 | 1   | 193231 |
| 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 31895 10b Less: accumulated depreciation 10b 31895 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investments—other securities. See Part IV, line 11 13 14 Intangible assets 15 Other assets. See Part IV, line 11 13 15 Other assets. Add lines 1 through 15 (must equal line 33) 459584 16 47587 17 Accounts payable and accrued expenses 3523 17 18 Grants payable . 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 22 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 3523 26   |      | 2   |  |        | 2   |        |
| 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments – publicly traded securities 12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 14 Intangible assets 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities. Complete Part IV of Schedule D 20 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities on tincluded on lines 17–24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25  |      | 3   |  |        | 3   |        |
| trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6  7 Notes and loans receivable, net 7  8 Inventories for sale or use 8  9 Prepaid expenses and deferred charges 9  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 31895  10a 31895  10b 31895  10c 31895  11 Investments—publicly traded securities 27776 11 22636  12 Investments—other securities. See Part IV, line 11 12  13 Investments—program-related. See Part IV, line 11 13  14 Intangible assets  15 Other assets. See Part IV, line 11 20297 15 2438  16 Total assets. Add lines 1 through 15 (must equal line 33) 459584 16 47587  17 Accounts payable and accrued expenses 3523 17  18 Grants payable and accrued expenses 3523 17  18 Grants payable and accrued expenses 18  19 Deferred revenue 19  20 Tax-exempt bond liabilities 19  21 Escrow or custodial account liability. Complete Part IV of Schedule D 20  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22  23 Secured mortgages and notes payable to unrelated third parties 24  Unsecured notes and loans payable to unrelated third parties 24  Unsecured notes and loans payable to unrelated third parties 24  Unsecured notes and loans payable to unrelated third parties 24  Other liabilities (including federal income tax, payables to related third parties 24  Other liabilities and tother liabilities not included on lines 17–24). Complete Part X of Schedule D 25  26 Total liabilities. Add lines 17 through 25 3523 26   |      | 4   |  |        | 4   |        |
| controlled entity or family member of any of these persons  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments—publicity traded securities  12 Investments—publicity traded securities  13 Investments—program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. See Part IV, line 11  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  25 Total liabilities. Add lines 17 through 25  26 Total liabilities. Add lines 17 through 25  27 Total liabilities. Add lines 17 through 25  28 Total liabilities. Add lines 17 through 25  29 Total liabilities. Add lines 17 through 25  20 Total liabilities. Add lines 17 through 25  20 Total liabilities. Add lines 17 through 25  27 Total liabilities. Add lines 17 through 25  28 Total liabilities. Add lines 17 through 25  29 Total liabilities. Add lines 17 through 25   |      | 5   | Loans and other receivables from any current or former officer, director,  |        |     |        |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  11 Investments—publicly traded securities  12 Investments—publicly traded securities  13 Investments—other securities. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties  26 Total liabilities. Add lines 17 through 25  27 Total liabilities. Add lines 17 through 25  28 Total liabilities. Add lines 17 through 25  29 Total liabilities. Add lines 17 through 25  20 Total liabilities. Add lines 17 through 25  |      |     |  |        |     |        |
| ### Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)    7 Notes and loans receivable, net   |      |     |  |        | 5   |        |
| 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D . 10b 31895 10c 31895 11 Investments — publicly traded securities 277776 11 22636 12 Investments — publicly traded securities . 277776 11 22636 12 Investments — program-related. See Part IV, line 11 . 13 Investments — program-related. See Part IV, line 11 . 13 Investments — program-related. See Part IV, line 11 . 13 Intangible assets . 14   |      | 6   | ' ' '  |        |     |        |
| 8 Inventories for sale or use  |      |     | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  |        | 6   |        |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | ţ    | 7   | Notes and loans receivable, net  |        | 7   |        |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | sse  | 8   | Inventories for sale or use  |        | 8   |        |
| basis. Complete Part VI of Schedule D. 10a 31895 b Less: accumulated depreciation . 10b 31895 10c 31895 11 Investments—publicly traded securities . 27776 11 22636 12 Investments—other securities. See Part IV, line 11   | ğ    | 9   | Prepaid expenses and deferred charges  |        | 9   |        |
| b Less: accumulated depreciation   |      | 10a |  |        |     |        |
| 11 Investments—publicly traded securities  |      |     |  |        |     |        |
| 12   Investments — other securities. See Part IV, line 11   13   Investments — program-related. See Part IV, line 11   13   Intangible assets   14   Intangible assets   14   Intangible assets   14   Intangible assets. See Part IV, line 11   20297   15   2438   16   Total assets. Add lines 1 through 15 (must equal line 33)   459584   16   47587   17   Accounts payable and accrued expenses   3523   17   Intangible assets   18   Intangible assets   18   Intangible assets   18   Intangible assets   Inta |      | b   | •  |        | 10c | 31895  |
| 13 Investments—program-related. See Part IV, line 11   |      | 11  | , ,  | 27776  |     | 226365 |
| 14 Intangible assets   |      | 12  | ·  |        |     |        |
| 15 Other assets. See Part IV, line 11  |      |     | . •  |        |     |        |
| 16 Total assets. Add lines 1 through 15 (must equal line 33)   |      |     |  |        |     |        |
| 17 Accounts payable and accrued expenses   |      |     | · · · · · · · · · · · · · · · · · · ·  |        |     | 24384  |
| 18 Grants payable  |      |     |  |        |     | 475875 |
| Tax-exempt bond liabilities  |      |     |  | 3523   |     |        |
| 20 Tax-exempt bond liabilities   |      |     |  |        | _   |        |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  |      |     |  |        |     |        |
| Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   |      |     | F T T T T T T T T T T T T T T T T T T T  |        |     |        |
| trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  |      |     |  |        | 21  |        |
| 24 Unsecured notes and loans payable to unrelated third parties  | ies  | 22  |  |        |     |        |
| 24 Unsecured notes and loans payable to unrelated third parties  | ij   |     |  |        | 00  |        |
| 24 Unsecured notes and loans payable to unrelated third parties  | ia   | 00  | ,  |        |     |        |
| Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D  | _    |     |  |        |     |        |
| parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   |      |     |  |        | 24  |        |
| of Schedule D  |      |     |  |        |     |        |
| <b>26 Total liabilities.</b> Add lines 17 through 25   |      |     |  |        | 25  |        |
|  |      | 26  | <b>Total liabilities.</b> Add lines 17 through 25  | 3523   |     | 0      |
| and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions   | Ś    |     |  |        |     |        |
| Net assets without donor restrictions  | JCe  |     | and complete lines 27, 28, 32, and 33.   |        |     |        |
| Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds   | alaı | 27  | Net assets without donor restrictions  | 306061 | 27  | 375875 |
| Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds   | B    | 28  |  | 150000 | 28  | 100000 |
| and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds   | pur  |     |  |        |     |        |
| 29 Capital stock or trust principal, or current funds  | Ę    |     | and complete lines 29 through 33.  |        |     |        |
| Paid-in or capital surplus, or land, building, or equipment fund   | S    | 29  | · · · · · · · · · · · · · · · · · · ·  |        | _   |        |
| \$\vec{\psi}{\psi}\$31Retained earnings, endowment, accumulated income, or other funds .3132Total net assets or fund balances  | set  |     | the state of the s |        |     |        |
| 🙀   32 Total net assets or fund balances   | As   |     |  |        |     |        |
| 450504   | et,  |     |  |        |     | 475875 |
|  |      |     | Total liabilities and net assets/fund balances   | 459584 | 33  | 475875 |

20-0681397

PAWS WITH PURPOSE INC Form 990 (2022)

| orm 99 | 90 (2022)  |        |         |    | Pa  | ge <b>12</b> |
|--------|--|--------|---------|----|-----|--------------|
| Part   | XI Reconciliation of Net Assets  |        |         |    |     |              |
|        | Check if Schedule O contains a response or note to any line in this Part XI  |        |         |    |     |              |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)  | 1      |         |    | 941 |              |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2      |         |    | 743 |              |
| 3      | Revenue less expenses. Subtract line 2 from line 1   | 3      |         |    |     | 314          |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4      |         | 4  | 560 | 61           |
| 5      | Net unrealized gains (losses) on investments   | 5      |         |    |     |              |
| 6      | Donated services and use of facilities   | 6      |         |    |     |              |
| 7      | Investment expenses  | 7      |         |    |     |              |
| 8      | Prior period adjustments   | 8      |         |    |     |              |
| 9      | Other changes in net assets or fund balances (explain on Schedule O)   | 9      |         |    |     |              |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   |        |         |    |     |              |
|        | 32, column (B))  | 10     |         | 4  | 758 | 375          |
| Part   | Financial Statements and Reporting   |        |         |    |     |              |
|        | Check if Schedule O contains a response or note to any line in this Part XII   | • •    |         |    |     | <del>_</del> |
|        | A  |        |         |    | Yes | No           |
| 1      | Accounting method used to prepare the Form 990: \( \subseteq \text{Cash}  \text{Accrual}  \text{Other} \)  If the organization changed its method of accounting from a prior year or checked "Other," expressions of the organization of the | volain | <u></u> |    |     |              |
|        | Schedule O.  | хріант | OII     |    |     |              |
| 0-     |  |        |         | а  |     | Χ            |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con   |        |         | а  |     |              |
|        | reviewed on a separate basis, consolidated basis, or both:   | прпес  | 0       |    |     |              |
|        | Separate basis Consolidated basis Both consolidated and separate basis   |        |         |    |     |              |
| b      | Were the organization's financial statements audited by an independent accountant?   |        | 2       | b  |     | X            |
| D      | If "Yes," check a box below to indicate whether the financial statements for the year were aud   | · ·    |         | .U |     |              |
|        | separate basis, consolidated basis, or both:   | ilea o | '' a    |    |     |              |
|        | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis   |        |         |    |     |              |
| С      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov   | ersiah | t of    |    |     |              |
| Ū      | the audit, review, or compilation of its financial statements and selection of an independent accounts   |        |         | c  |     |              |
|        | If the organization changed either its oversight process or selection process during the tax year, e   |        |         |    |     |              |
|        | Schedule O.  | 1      |         |    |     |              |
| 3a     | As a result of a federal award, was the organization required to undergo an audit or audits as set for   | rth in | the     |    |     |              |
|        | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |        |         | а  |     |              |
| b      | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?   | dergo  |         | -  |     |              |
|        | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a   |        |         | b  |     |              |

QNA Form **990** (2022)

# SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| Name   | e of the organization   |                    |   |                   |                                       | Employer identification                           | n number  |
|--------|---|--------------------|---|-------------------|---------------------------------------|---|---|
| ]      | PAWS WITH PURPOSE INC   |                    |   |                   |                                       | 20-068139   | 97  |
| Pai    | rt I Reason for Public Cha  | rity Status. (All  | l organizations mus   | t comple          | ete this p                            | oart.) See instructi                              | ons.  |
| The o  | organization is not a private founda  | tion because it i  | s: (For lines 1 through   | 12, ched          | k only or                             | ne box.)  |   |
| 1      | A church, convention of church  | hes, or associati  | on of churches descri   | ibed in <b>se</b> | ection 17                             | 0(b)(1)(A)(i).                                    |   |
| 2      | ☐ A school described in <b>section</b>  | 170(b)(1)(A)(ii).  | (Attach Schedule E (F   | orm 990)          | .)                                    |   |   |
| 3      | ☐ A hospital or a cooperative hos   | spital service org | ganization described i  | n <b>sectior</b>  | 170(b)(1                              | )(A)(iii).  |   |
| 4      | A medical research organization hospital's name, city, and state                                    | •                  | onjunction with a hosp  | oital desc        | ribed in s                            | section 170(b)(1)(A)                              | (iii). Enter the                                      |
| 5      | An organization operated for section 170(b)(1)(A)(iv). (Com   | the benefit of a   | college or university   | owned o           | r operate                             | ed by a government                                | al unit described in                                  |
| 6<br>7 | ☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)  | receives a subs    | tantial part of its sup   |                   |                                       |   | n the general public                                  |
| 8      | ☐ A community trust described in  |                    | •   | Part II.)         |                                       |   |   |
| 9      | ☐ An agricultural research organi   |                    |   |                   | erated in                             | conjunction with a l                              | and-grant college                                     |
|        | or university or a non-land-gra university:   | nt college of agr  | iculture (see instruction   | ons). Ente        | r the nan                             | ne, city, and state of                            | the college or  |
| 10     | ☐ An organization that normally r   | eceives (1) more   | than 331/3% of its su   | pport fro         | m contrib                             | outions, membership                               | fees, and gross                                       |
|        | receipts from activities related<br>support from gross investment<br>acquired by the organization a | t income and uni   | related business taxal  | ble incom         | ie (less se                           | ection 511 tax) from                              | businesses  |
| 11     | ☐ An organization organized and   | operated exclus    | sively to test for public   | safety.           | See <b>sect</b> i                     | ion 509(a)(4).                                    |   |
| 12     | ☐ An organization organized and   |                    |   |                   |                                       |   |   |
|        | one or more publicly supported<br>the box on lines 12a through 12                                   | •                  |   |                   |                                       | ` '` '  | ` '` '  |
| а      | Type I. A supporting organ<br>the supported organization<br>supporting organization. You            | (s) the power to   | regularly appoint or e  | lect a ma         | jority of t                           |   |   |
| b      | Type II. A supporting organ   |                    |   |                   |                                       |   |   |
|        | organization(s). You must   | complete Part I    | V, Sections A and C   |                   |                                       |   |   |
| С      | its supported organization(   | s) (see instructio | ns). You must comp  | lete Part         | IV, Secti                             | ons A, D, and E.                                  |   |
| d      | Type III non-functionally integred that is not functionally integred requirement (see instruction   | grated. The orga   | nization generally mu   | st satisfy        | a distribu                            | ution requirement an                              |   |
| е      | Check this box if the organ functionally integrated, or 1   |                    |   |                   |                                       |   | e II, Type III  |
| f      | Enter the number of supported of  | organizations .    |   |                   |                                       |   |   |
| g      | Provide the following information   | about the supp     | orted organization(s).  |                   |                                       |   |   |
|        | (i) Name of supported organization  | (ii) EIN           | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) | listed in you     | organization<br>ur governing<br>ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|        |   |                    |   | Yes               | No                                    |   |   |
| (A)    |   |                    |   |                   |                                       |   |   |
| (B)    |   |                    |   |                   |                                       |   |   |
| (C)    |   |                    |   |                   |                                       |   |   |
|        |   |                    |   |                   |                                       |   |   |
| (D)    |   |                    |   |                   |                                       |   |   |
| (E)    |   |                    |   |                   |                                       |   |   |

| Schedu      | le A (Form 990) 2022  |                                     |                                 |                                    |                                   |                               | Page 2               |
|-------------|---|-------------------------------------|---------------------------------|------------------------------------|-----------------------------------|-------------------------------|----------------------|
| Part        | •   |                                     |                                 |                                    |                                   |                               |                      |
|             | (Complete only if you checked the   |                                     |                                 |                                    | •                                 | •                             | llify under          |
| <del></del> | Part III. If the organization fails to  | qualify unde                        | r the tests lis                 | ted below, pl                      | ease comple                       | te Part III.)                 |                      |
|             | on A. Public Support  | ( ) 0040                            | # > 0040                        | ( ) 0000                           | ( 1) 000 (                        | ( ) 0000                      |                      |
|             | dar year (or fiscal year beginning in)  | (a) 2018                            | <b>(b)</b> 2019                 | (c) 2020                           | (d) 2021                          | <b>(e)</b> 2022               | (f) Total            |
| 1           | Gifts, grants, contributions, and membership fees received. (Do not   |                                     |                                 |                                    |                                   |                               |                      |
|             | include any "unusual grants.")  | 260991                              | 247709                          | 257668                             | 456305                            | 428258                        | 1650931              |
| 2           | Tax revenues levied for the   | 200551                              | 217705                          | 237000                             | 130303                            | 120230                        | 1030731              |
| -           | organization's benefit and either paid to or expended on its behalf   |                                     |                                 |                                    |                                   |                               |                      |
| 3           | The value of services or facilities furnished by a governmental unit to the organization without charge   |                                     |                                 |                                    |                                   |                               |                      |
| 4           | Total. Add lines 1 through 3  | 260991                              | 247709                          | 257668                             | 456305                            | 428258                        | 1650931              |
| 5           | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                                     |                                 |                                    |                                   |                               |                      |
| 6           | Public support. Subtract line 5 from line 4   |                                     |                                 |                                    |                                   |                               | 1650931              |
| Secti       | on B. Total Support   |                                     |                                 |                                    |                                   |                               |                      |
| Calen       | dar year (or fiscal year beginning in)  | (a) 2018                            | <b>(b)</b> 2019                 | (c) 2020                           | (d) 2021                          | (e) 2022                      | (f) Total            |
| 7           | Amounts from line 4   | 260991                              | 247709                          | 257668                             | 456305                            | 428258                        | 1650931              |
| 8           | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |                                     |                                 |                                    |                                   |                               |                      |
| 9           | Net income from unrelated business activities, whether or not the business is regularly carried on  |                                     |                                 |                                    |                                   |                               |                      |
| 10          | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                                     |                                 |                                    |                                   |                               |                      |
| 11          | Total support. Add lines 7 through 10   |                                     |                                 |                                    |                                   |                               | 1650931              |
| 12          | Gross receipts from related activities, etc   | `                                   | ,                               |                                    |                                   | 12                            |                      |
| 13          | First 5 years. If the Form 990 is for the   | •                                   |                                 |                                    | ,                                 |                               | ` ' ' '              |
| <del></del> | organization, check this box and stop he  |                                     |                                 |                                    |                                   |                               |                      |
|             | on C. Computation of Public Suppor  |                                     |                                 | 14 1 (4)                           |                                   | 44 100                        | .000 %               |
| 14<br>15    | Public support percentage for 2022 (line 6) Public support percentage from 2021 Sci   |                                     | -                               |                                    |                                   |                               | .000 %               |
| 16a         | 331/3% support test—2022. If the organi box and stop here. The organization qua   | ization did not                     | check the box                   | on line 13, an                     | d line 14 is 33                   | 3 <sup>1</sup> /3% or more, ( | check this           |
| b           | 331/3% support test—2021. If the organithis box and stop here. The organization   |                                     |                                 |                                    |                                   |                               | ore, check           |
| 17a         | 10%-facts-and-circumstances test—2 10% or more, and if the organization metal Part VI how the organization meets the organization   | neets the facts-<br>facts-and-circu | -and-circumsta<br>umstances tes | ances test, che<br>t. The organiza | eck this box a<br>ation qualifies | nd <b>stop here</b> .         | Explain in           |
| b           | 10%-facts-and-circumstances test—26<br>15 is 10% or more, and if the organization<br>in Part VI how the organization meets the<br>organization  | on meets the fa<br>e facts-and-circ | cts-and-circur                  | nstances test,<br>st. The organiz  | check this box                    | x and <b>stop her</b>         | e. Explain           |
| 18          | <b>Private foundation.</b> If the organization  |                                     |                                 |                                    | 17a, or 17b,                      | check this box                | · · · □<br>x and see |

Page 3

### 20-0681397 PAWS WITH PURPOSE INC Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to gualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 5. . . . **7a** Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b . . . . . . Public support. (Subtract line 7c from line 6.) . . . . . . . . . . . . .

| Secti | on B. Total Support  |               |                 |                  |                 |                  |             |
|-------|--|---------------|-----------------|------------------|-----------------|------------------|-------------|
| Calen | dar year (or fiscal year beginning in)   | (a) 2018      | <b>(b)</b> 2019 | (c) 2020         | (d) 2021        | (e) 2022         | (f) Total   |
| 9     | Amounts from line 6  |               |                 |                  |                 |                  |             |
| 10a   | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. |               |                 |                  |                 |                  |             |
| b     | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |               |                 |                  |                 |                  |             |
| С     | Add lines 10a and 10b  |               |                 |                  |                 |                  |             |
| 11    | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on      |               |                 |                  |                 |                  |             |
| 12    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  |               |                 |                  |                 |                  |             |
| 13    | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |               |                 |                  |                 |                  |             |
| 14    | First 5 years. If the Form 990 is for the  | organization' | s first, second | , third, fourth, | or fifth tax ye | ear as a section | n 501(c)(3) |

Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . . 17 % Investment income percentage from 2021 Schedule A, Part III, line 17 . . . . . . . . . . . . . . . . % 18 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 

Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . . .

organization, check this box and stop here

Section C. Computation of Public Support Percentage

15

%

20-0681397

Schedule A (Form 990) 2022

### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Se

| ect | on A. All Supporting Organizations  |    | Vaa | N. |
|-----|---|----|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1  | Yes | No |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.   | 3a |     |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   | 3b |     |    |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  | 4a |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b |     |    |
| С   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)   |    |     |    |
|     | purposes.   | 4c |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a |     |    |
| b   | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b |     |    |
| С   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5с |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  | 6  |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).   | 7  |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).   | 8  |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | 9a |     |    |
| b   | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which   |    |     |    |
| _   | the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9b |     |    |
| С   | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9c |     |    |
| 10a |   |    |     |    |

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

10a

Schedule A (Form 990) 2022 Page **5** 

| Part  | Supporting Organizations (continued)   |        |        |        |
|-------|--|--------|--------|--------|
|       |  |        | Yes    | No     |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?  |        |        |        |
| а     | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  |        |        |        |
|       |  | 11a    |        |        |
|       | A family member of a person described on line 11a above?   | 11b    |        |        |
| С     | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .  | 44     |        |        |
| Sooti | on B. Type I Supporting Organizations  | 11c    |        |        |
| Secu  | on B. Type i Supporting Organizations  |        | Yes    | No     |
|       |  |        | 162    | NO     |
| 1     | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or   |        |        |        |
|       | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) |        |        |        |
|       | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported   |        |        |        |
|       | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the   |        |        |        |
|       | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1      |        |        |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported  |        |        |        |
|       | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |        |        |        |
|       | <b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,  |        |        |        |
|       | supervised, or controlled the supporting organization.   | 2      |        |        |
| Secti | on C. Type II Supporting Organizations   |        |        |        |
|       |  |        | Yes    | No     |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |        |        |        |
|       | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed                                  |        |        |        |
|       | the supported organization(s).   | 1      |        |        |
| Secti | on D. All Type III Supporting Organizations  | ı      |        |        |
| 30011 | on b. All Type III Supporting Significations   |        | Yes    | No     |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |        |        |        |
| •     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |        |        |        |
|       | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |        |        |        |
|       | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1      |        |        |
| 2     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |        |        |        |
|       | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |        |        |        |
|       | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2      |        |        |
| 3     | By reason of the relationship described on line 2, above, did the organization's supported organizations have  |        |        |        |
|       | a significant voice in the organization's investment policies and in directing the use of the organization's   |        |        |        |
|       | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's  |        |        |        |
| 24:   | supported organizations played in this regard.   | 3      |        |        |
| 1     | on E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i  | nctru  | ations | -1     |
| a     | The organization satisfied the Activities Test. Complete <b>line 2</b> below.  | iistiu | Juons  | s).    |
| b     | ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>   |        |        |        |
| c     | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity   | see in | struct | ions). |
| 2     | Activities Test. Answer lines 2a and 2b below.   |        | Yes    |        |
| а     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |        |        |        |
| -     | the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>   |        |        |        |
|       | those supported organizations and explain how these activities directly furthered their exempt purposes,   |        |        |        |
|       | how the organization was responsive to those supported organizations, and how the organization determined  |        |        |        |
|       | that these activities constituted substantially all of its activities.   | 2a     |        |        |
| b     | Did the activities described on line 2a, above, constitute activities that, but for the organization's   |        |        |        |
|       | involvement, one or more of the organization's supported organization(s) would have been engaged in? If  |        |        |        |
|       | "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.   | CI     |        |        |
| 2     |  | 2b     |        |        |
| 3     | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |        |        |        |
| а     | trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .   | 3a     |        |        |
| b     | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | od     |        |        |
| J     | of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.   | 3h     |        |        |

PAWS WITH PURPOSE INC 20-0681397

Schedule A (Form 990) 2022

| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | gan   | izations                    |                                    |
|------|--|-------|-----------------------------|------------------------------------|
| 1    | $\Box$ Check here if the organization satisfied the Integral Part Test as a qualifying   | g tru | st on Nov. 20, 1970 (expla  | in in <b>Part VI</b> ). <b>See</b> |
|      | instructions. All other Type III non-functionally integrated supporting organ  | nizat | ions must complete Section  | ons A through E.                   |
| Sect | ion A-Adjusted Net Income  |       | (A) Prior Year              | (B) Current Year (optional)        |
| 1    | Net short-term capital gain  | 1     |                             | , , ,                              |
| 2    | Recoveries of prior-year distributions   | 2     |                             |                                    |
| 3    | Other gross income (see instructions)  | 3     |                             |                                    |
| 4    | Add lines 1 through 3.   | 4     |                             |                                    |
| 5    | Depreciation and depletion   | 5     |                             |                                    |
| 6    | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6     |                             |                                    |
| _ 7  | Other expenses (see instructions)  | 7     |                             |                                    |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8     |                             |                                    |
| Sect | ion B-Minimum Asset Amount   |       | (A) Prior Year              | (B) Current Year (optional)        |
| 1    | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |       |                             |                                    |
| а    | Average monthly value of securities  | 1a    |                             |                                    |
| b    | Average monthly cash balances  | 1b    |                             |                                    |
| С    | Fair market value of other non-exempt-use assets   | 1c    |                             |                                    |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d    |                             |                                    |
| е    | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |       |                             |                                    |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets   | 2     |                             |                                    |
| 3    | Subtract line 2 from line 1d.  | 3     |                             |                                    |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4     |                             |                                    |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5     |                             |                                    |
| 6    | Multiply line 5 by 0.035.  | 6     |                             |                                    |
| 7    | Recoveries of prior-year distributions   | 7     |                             |                                    |
| 8    | Minimum Asset Amount (add line 7 to line 6)  | 8     |                             |                                    |
| Sect | ion C—Distributable Amount   |       |                             | Current Year                       |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)  | 1     |                             |                                    |
| 2    | Enter 0.85 of line 1.  | 2     |                             |                                    |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3     |                             |                                    |
| 4    | Enter greater of line 2 or line 3.   | 4     |                             |                                    |
| 5    | Income tax imposed in prior year   | 5     |                             |                                    |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to   |       |                             |                                    |
|      | emergency temporary reduction (see instructions).  | 6     |                             |                                    |
| 7    | Check here if the current year is the organization's first as a non-functional   | allv  | integrated Type III support | ing organization                   |

Schedule A (Form 990) 2022

Page 6

(see instructions).

Schedule A (Form 990) 2022 Page

### Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions Distributable** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 . . . . From 2018 From 2019 **d** From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if 5 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . е

Schedule A (Form 990) 2022

20-0681397

Schedule A (Form 990) 2022 Page **8** 

| Part VI | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---------|--|
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## Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

**2022** 

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

20-0681397 PAWS WITH PURPOSE INC Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Employer identification number

20-0681397

| Part I     | Contributors (see instructions). Use duplicate cop                 | pies of Part I if additional space is | needed.  |
|------------|--|---------------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions            | (d)<br>Type of contribution  |
| 1          | EDITH NIXON  5201 BOULDER CT  LOUISVILLE, KY 40207-                | \$ 5000                               | Person X Payroll Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions            | (d)<br>Type of contribution  |
| 2          | ESTATE OF KATHLEEN DEAVER  12610 KIRKHAM RD  LOUISVILLE, KY 40299- | \$\$                                  | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c) Total contributions               | (d)<br>Type of contribution  |
|            |  | \$                                    | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions            | (d)<br>Type of contribution  |
|            |  | \$                                    | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions            | (d)<br>Type of contribution  |
|            |  | \$                                    | Person   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions            | (d)<br>Type of contribution  |
|            |  | \$                                    | Person   |

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

| Name o | of the organization  |   | Employer identification number  |
|--------|--|---|---|
| PA     | WS WITH PURPOSE INC  |   | 20-0681397  |
| Par    | Organizations Maintaining Donor Advi   |   | ds or Accounts.   |
|        | Complete if the organization answered "  |   |   |
|        |  | (a) Donor advised funds                   | (b) Funds and other accounts  |
| 1      | Total number at end of year  |   |   |
| 2      | Aggregate value of contributions to (during year) .  |   |   |
| 3      | Aggregate value of grants from (during year)   |   |   |
| 4      | Aggregate value at end of year   |   | <u> </u>  |
| 5      | Did the organization inform all donors and donor a   |   |   |
| ^      | funds are the organization's property, subject to the  |   |   |
| 6      | Did the organization inform all grantees, donors, are only for charitable purposes and not for the benefit |   |   |
|        | conferring impermissible private benefit?  |   |   |
|        |  |   | · · · · · · L Yes L No  |
| Par    | Conservation Easements.  | Vac" on Form 000 Dart IV line 7           |   |
|        | Complete if the organization answered "  |   |   |
| 1      | Purpose(s) of conservation easements held by the o   |   | for historically income to the local cons                             |
|        | Preservation of land for public use (for example, recrea   |   | f a historically important land area f a certified historic structure |
|        | Protection of natural habitat  | ☐ Preservation o                          | a certified historic structure  |
| 2      | Preservation of open space Complete lines 2a through 2d if the organization hel                            | d a qualified conservation contribution   | o in the form of a conservation                                       |
| _      | easement on the last day of the tax year.  | a a qualified conservation contribution   |   |
|        |  |   | Held at the End of the Tax Year                                       |
| a      |  |   |   |
| b      | Total acreage restricted by conservation easements   |   |   |
| c<br>d | Number of conservation easements on a certified hi<br>Number of conservation easements included in (c) a   |   |   |
| u      | historic structure listed in the National Register .   |   |   |
| 3      | Number of conservation easements modified, trans   |   | · 2d  |
| 3      | tax year   | refred, refeased, extilliguished, or term | illiated by the organization during the                               |
| 4      | Number of states where property subject to conserv   | vation easement is located                |   |
| 5      | Does the organization have a written policy region   |   | pection, handling of  |
|        | violations, and enforcement of the conservation eas  |   | · · · · · · · · · Yes · No  |
| 6      | Staff and volunteer hours devoted to monitoring, inspec  |   |   |
|        | Starr and volunteer neare develou to merinering, inepee  | ing, nanamg or violations, and omerome    | g concervation cacemente daming the year                              |
| 7      | Amount of expenses incurred in monitoring, inspecting  | a. handling of violations, and enforcing  | conservation easements during the year                                |
|        | ,  | ,,  | ,   |
| 8      | Does each conservation easement reported on line 2   | 2(d) above satisfy the requirements of s  | section 170(h)(4)(B)(i)   |
|        | and section 170(h)(4)(B)(ii)?  |   | · · · · · · · · · · · · · · · · · · ·                                 |
| 9      | In Part XIII, describe how the organization report   |   |   |
|        | balance sheet, and include, if applicable, the text of   | •   | nancial statements that describes the                                 |
|        | organization's accounting for conservation easemer   | nts.                                      |   |
| Par    | Organizations Maintaining Collections  | of Art, Historical Treasures, or 0        | Other Similar Assets.   |
|        | Complete if the organization answered "  | Yes" on Form 990, Part IV, line 8.        |   |
| 1a     | If the organization elected, as permitted under FAS  |   |   |
|        | of art, historical treasures, or other similar assets  |   |   |
|        | service, provide in Part XIII the text of the footnote to  | o its financial statements that describe  | es these items.   |
| b      | If the organization elected, as permitted under FAS  |   |   |
|        | art, historical treasures, or other similar assets held  |   | search in furtherance of public service,                              |
|        | provide the following amounts relating to these item   | S:  |   |
|        | (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X               |   | \$  |
|        | (ii) Assets included in Form 990, Part X   |   | \$  |
| 2      | if the organization received or held works of art,   | nistorical treasures, or other similar    | assets for financial gain, provide the                                |
|        | following amounts required to be reported under FA   |   |   |
| а      | Revenue included on Form 990, Part VIII, line 1 .  |   |   |
| b      | Assets included in Form 990, Part X  |   | \$  |

Schedule D (Form 990) 2022 Page **2** 

| Part    | Organizations Maintaining Col  | lections of Art, I      | Historical      | Treasures,             | , or Othe     | r Similar Ass    | <b>ets</b> (con | tinued)    |
|---------|--|-------------------------|-----------------|------------------------|---------------|------------------|-----------------|------------|
| 3       | Using the organization's acquisition, acce collection items (check all that apply):      | ssion, and other re     | ecords, che     | ck any of the          | e following   | that make sig    | ınificant ı     | use of its |
| а       | ☐ Public exhibition  |                         | d 🗌 Loan        | or exchange            | e program     | l                |                 |            |
| b       | ☐ Scholarly research   |                         | e 🗌 Othe        | r                      |               |                  |                 |            |
| С       | ☐ Preservation for future generations  |                         |                 |                        |               |                  |                 |            |
| 4       | Provide a description of the organization's XIII.  | s collections and e     | xplain how      | they further           | the organ     | ization's exemp  | ot purpos       | e in Part  |
| 5       | During the year, did the organization solid assets to be sold to raise funds rather than |                         |                 |                        |               |                  | ☐ Yes           | ☐ No       |
| Part    | IV Escrow and Custodial Arrange  | ements.                 |                 |                        |               |                  |                 |            |
|         | Complete if the organization ans 990, Part X, line 21.                                   |                         |                 |                        |               |                  |                 | Form       |
| 1a      | Is the organization an agent, trustee, cus included on Form 990, Part X?                 |                         |                 |                        |               |                  | ☐ Yes           | ☐ No       |
| b       | If "Yes," explain the arrangement in Part X  | III and complete th     | e following     | table:                 |               | Am               | ount            |            |
| С       | Beginning balance  |                         |                 |                        | 1c            |                  |                 |            |
| d       | Additions during the year  |                         |                 |                        | 1d            |                  |                 |            |
| e       | Distributions during the year  |                         |                 |                        | 1e            |                  |                 |            |
| f       | Ending balance   |                         |                 |                        | 1f            |                  |                 |            |
| 2a      | Did the organization include an amount on  |                         |                 |                        |               | count liability? | ☐ Yes           | No         |
|         | If "Yes," explain the arrangement in Part X  |                         |                 |                        |               | •                |                 |            |
| Par     |  |                         |                 |                        | p             |                  |                 |            |
|         | Complete if the organization ans   | wered "Yes" on          | Form 990,       | Part IV, line          | e 10.         |                  |                 |            |
|         |  |                         | ) Prior year    | (c) Two year           |               | Three years back | (e) Four y      | ears back  |
| 1a      | Beginning of year balance  | , ,                     | , ,             | ,,,,                   |               | ,                |                 |            |
| b       | Contributions  |                         |                 |                        |               |                  |                 |            |
| С       | Net investment earnings, gains, and losses   |                         |                 |                        |               |                  |                 |            |
| d       | Grants or scholarships   |                         |                 |                        |               |                  |                 |            |
| e       | Other expenditures for facilities and  |                         |                 |                        |               |                  |                 |            |
| _       | programs   |                         |                 |                        |               |                  |                 |            |
| f       | A dissiplicative time and a second   |                         |                 |                        |               |                  |                 |            |
| g       | End of year balance  |                         |                 |                        |               |                  |                 |            |
| 2       | Provide the estimated percentage of the ci   | urrent vear end hal     | ance (line 1    | g column (a            | )) held as:   |                  |                 |            |
| a       | Board designated or quasi-endowment  | •                       | arioo (iirio 1) | g, 00iaiiii (a         | ,, riola ao.  |                  |                 |            |
| h       | Permanent andowment %  |                         |                 |                        |               |                  |                 |            |
| c       | Term endowment %   |                         |                 |                        |               |                  |                 |            |
| Ŭ       | The percentages on lines 2a, 2b, and 2c sl   | hould equal 100%        |                 |                        |               |                  |                 |            |
| 3a      | Are there endowment funds not in the pos   |                         | anization th    | nat are held           | and admir     | nistered for the |                 |            |
|         | organization by:   |                         |                 |                        |               |                  |                 | es No      |
|         | (i) Unrelated organizations  |                         |                 |                        |               |                  | 3a(i)           | 110        |
|         |  |                         |                 |                        |               |                  | 3a(ii)          |            |
| b       | If "Yes" on line 3a(ii), are the related organi  |                         |                 |                        |               |                  | 3b              |            |
| 4       | Describe in Part XIII the intended uses of the   |                         |                 |                        |               |                  | OD              |            |
| Part    |  |                         | ndownient       | iurius.                |               |                  |                 |            |
| ı aı    | Complete if the organization ans   |                         | Form 990.       | Part IV. line          | e 11a. Se     | e Form 990. F    | Part X. lir     | ne 10.     |
|         | Description of property  | (a) Cost or other bas   |                 | or other basis         |               | umulated         | (d) Book        |            |
|         | Boompton of property   | (investment)            | 1 ' '           | other)                 |               | ciation          | (a) Book        | valuo      |
|         | Land   |                         |                 |                        |               |                  |                 |            |
| b       | Buildings  | 3189                    | 5               |                        |               |                  | -               | 31895      |
| C       | Leasehold improvements   | 3107                    | -               |                        |               |                  |                 |            |
| d       | Equipment  |                         |                 |                        |               |                  |                 |            |
| e       | Other  |                         |                 |                        |               |                  |                 |            |
|         | Add lines 1a through 1e. (Column (d) must  | ⊥<br>egual Form 990  P: | art X colum     | n (R) line 10          | )c )          |                  |                 | 31895      |
| · otuli | raaoo ra iiiroagii ro. (Oolairiii (a) iilasti  | 54aai i 5,111 556, 1 6  | , ooiaiii       | ( <i>D)</i> , iii i 10 | · · · · · · · |                  | ~               | , _ 0 / 0  |

Schedule D (Form 990) 2022 Page **3** 

| Part VII       | Investments – Other Securities.   | 000 5 104 5         | 441 0 5             | 00 D 1 V 1 10                           |
|----------------|---|---------------------|---------------------|---|
|                | Complete if the organization answered "Yes" on For  |                     |                     |   |
|                | (a) Description of security or category (including name of security)  | (b) Book value      |                     | d of valuation:<br>-year market value   |
| (1) Financia   |   |                     |                     |   |
|                | neld equity interests   |                     |                     |   |
| (3) Other      |   |                     |                     |   |
| (A)            |   |                     |                     |   |
| (B)            |   |                     |                     |   |
| (C)            |   |                     |                     |   |
| (D)            |   |                     |                     |   |
| (E)            |   |                     |                     |   |
| (F)            |   |                     |                     |   |
| (G)<br>(H)     |   |                     |                     |   |
| `              | mn (b) must equal Form 990, Part X, col. (B) line 12.)  |                     |                     |   |
| Part VIII      | Investments – Program Related.  |                     |                     |   |
|                | Complete if the organization answered "Yes" on For  | m 990. Part IV. lin | e 11c. See Form 9   | 90. Part X. line 13.                    |
|                | (a) Description of investment   | (b) Book value      | (c) Method          | d of valuation: -year market value      |
| (1)            |   |                     | Cook of ond of      | you market value                        |
| (2)            |   |                     |                     |   |
| (3)            |   |                     |                     |   |
| (4)            |   |                     |                     |   |
| (5)            |   |                     |                     |   |
| (6)            |   |                     |                     |   |
| (7)            |   |                     |                     |   |
| (8)            |   |                     |                     |   |
| (9)            |   |                     |                     |   |
|                | mn (b) must equal Form 990, Part X, col. (B) line 13.)  |                     |                     |   |
| Part IX        | Other Assets.   | m 000 Dort IV lin   | a 11d Caa Farm O    | 00 Dort V line 15                       |
|                | Complete if the organization answered "Yes" on For  | m 990, Part IV, III | e 11a. See Form 9   |   |
| (4)            | (a) Description   |                     |                     | (b) Book value                          |
| (1)<br>(2)     |   |                     |                     |   |
| (3)            |   |                     |                     |   |
| (4)            |   |                     |                     |   |
| (5)            |   |                     |                     |   |
| (6)            |   |                     |                     |   |
| (7)            |   |                     |                     |   |
| (8)            |   |                     |                     |   |
| (9)            |   |                     |                     |   |
|                | mn (b) must equal Form 990, Part X, col. (B) line 15.)  |                     |                     |   |
| Part X         | Other Liabilities.  |                     |                     |   |
|                | Complete if the organization answered "Yes" on For line 25.   | m 990, Part IV, lin | e 11e or 11f. See F | Form 990, Part X,                       |
| 1.             | (a) Description of liability  |                     |                     | (b) Book value                          |
| (1) Federal ir |   |                     |                     | • |
| (2)            |   |                     |                     |   |
| (3)            |   |                     |                     |   |
| (4)            |   |                     |                     |   |
| (5)            |   |                     |                     |   |
| (6)            |   |                     |                     |   |
| (7)            |   |                     |                     |   |
| (8)            |   |                     |                     |   |
| (9)            |   |                     |                     |   |
|                | mn (b) must equal Form 990, Part X, col. (B) line 25.)  |                     |                     |   |
|                | r uncertain tax positions. In Part XIII, provide the text of the footnors liability for uncertain tax positions under FASB ASC 740. Check |                     |                     |   |

Schedule D (Form 990) 2022 Page **4** 

| Part                | Reconciliation of Revenue per Audited Financial Stateme                    | ents With Revenue per | Return.                              |
|---------------------|--|-----------------------|--------------------------------------|
|                     | Complete if the organization answered "Yes" on Form 990, F                 | Part IV, line 12a.    |                                      |
| 1                   | Total revenue, gains, and other support per audited financial statements   |                       | 1                                    |
| 2                   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:        |                       |                                      |
| а                   | Net unrealized gains (losses) on investments                               | 2a                    |                                      |
| b                   | Donated services and use of facilities                                     | 2b                    | 1                                    |
| С                   | Recoveries of prior year grants  | 2c                    | 1                                    |
| d                   | Other (Describe in Part XIII.)   | 2d                    | 1                                    |
| е                   | Add lines 2a through 2d  |                       | 2e                                   |
| 3                   | Subtract line <b>2e</b> from line <b>1</b>                                 |                       | 3                                    |
| 4                   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:       |                       |                                      |
| а                   | Investment expenses not included on Form 990, Part VIII, line 7b           | 4a                    |                                      |
| b                   | Other (Describe in Part XIII.)   | 4b                    | 1                                    |
| С                   | Add lines <b>4a</b> and <b>4b</b>  |                       | 4c                                   |
| 5                   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line |                       | 5                                    |
| Part                |  |                       | er Return.                           |
|                     | Complete if the organization answered "Yes" on Form 990, F                 |                       |                                      |
| 1                   | Total expenses and losses per audited financial statements                 |                       | 1                                    |
| 2                   | Amounts included on line 1 but not on Form 990, Part IX, line 25:          |                       |                                      |
| а                   | Donated services and use of facilities                                     | 2a                    |                                      |
| b                   | Prior year adjustments   | 2b                    | 1                                    |
| С                   | Other losses   | 2c                    | 1                                    |
| d                   | Other (Describe in Part XIII.)   | 2d                    | 1                                    |
| е                   | Add lines 2a through 2d  |                       | 2e                                   |
| 3                   | Subtract line <b>2e</b> from line <b>1</b>                                 |                       | 3                                    |
| 4                   | Amounts included on Form 990, Part IX, line 25, but not on line 1:         |                       |                                      |
| а                   | Investment expenses not included on Form 990, Part VIII, line 7b           | 4a                    |                                      |
| b                   | Other (Describe in Part XIII.)   | 4b                    | 1                                    |
| D                   |  | 1                     |                                      |
| С                   | Add lines <b>4a</b> and <b>4b</b>  |                       | 4c                                   |
|                     | · ·  |                       | 4c 5                                 |
| c<br>5<br>Part      | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5                                    |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |
| 5<br>Part<br>Provid | Add lines <b>4a</b> and <b>4b</b>  | e 18.)                | 5<br>b; Part V, line 4; Part X, line |

### **SCHEDULE G** (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

|  | Il Revenue Service  | Go to www.irs.gov/F | orm990 for in  | structions an | d the latest informat             |  | Open to Public<br>Inspection                            |  |
|--|---|---------------------|--|---------------|-----------------------------------|--|---|--|
| Name   | of the organization   |                     |  |               |                                   | Employer identific   |   |  |
|  | PAWS WITH PURPOSE INC 20-0681397  |                     |  |               |                                   |  |   |  |
| Par  | Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. |                     |  |               |                                   | line 17.   |   |  |
| 1  | Indicate whether the organization raised funds through any of the following activities. Check all that apply.   |                     |  |               |                                   |  |   |  |
| a  | _   |                     |  |               |                                   |  |   |  |
| b  |   |                     |  |               |                                   |  |   |  |
| c<br>d   |   |                     |  |               |                                   |  |   |  |
| 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, |   |                     |  |               |                                   | 000  |   |  |
| Za   | or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  |                     |  |               |                                   |  | ? ☐ Yes ☐ No  |  |
| b  | If "Yes," list the 10 highest pa compensated at least \$5,000 l   |                     |  | draisers) pu  | ursuant to agreen                 | nents under which th   | e fundraiser is to be                                   |  |
|  | (i) Name and address of individual or entity (fundraiser)   | (ii) Activity       | (iii) Did fundraiser have custody or control of contributions? |               | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |  |
|  |   |                     | Yes  | No            |                                   |  |   |  |
| 1  |   |                     |  |               |                                   |  |   |  |
| 2  |   |                     |  |               |                                   |  |   |  |
| 3  |   |                     |  |               |                                   |  |   |  |
| 4  |   |                     |  |               |                                   |  |   |  |
| 5  |   |                     |  |               |                                   |  |   |  |
| 6  |   |                     |  |               |                                   |  |   |  |
| 7  |   |                     |  |               |                                   |  |   |  |
| 8  |   |                     |  |               |                                   |  |   |  |
| 9  |   |                     |  |               |                                   |  |   |  |
| 10   |   |                     |  |               |                                   |  |   |  |
| Total  |   |                     |  |               |                                   |  |   |  |
| 3  | List all states in which the org registration or licensing.   | ganization is regis | tered or lic   | ensed to s    | l lolicit contribution            | ns or has been notifi  | ed it is exempt from                                    |  |
|  |   |                     |  |               |                                   |  |   |  |
|  |   |                     |  |               |                                   |  |   |  |
|  |   |                     |  |               |                                   |  |   |  |
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|  |   |                     |  |               |                                   |  |   |  |
|  |   |                     |  |               |                                   |  |   |  |

20-0681397

Part II

Schedule G (Form 990) 2022

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

|                 |  |  | n \$5,000. (a) Event #1   | <b>(b)</b> Event #2                           | (c) Other events                         |  |
|-----------------|--|--|---|---|--|--|
|                 |  |  |   | (b) Event #2                                  |  | (d) Total events<br>(add col. (a) through<br>col. (c)) |
| Ф               |  |  | (event type)  | (event type)                                  | (total number)                           |  |
| Revenue         | 1  | Gross receipts   |   |   |  |  |
| F               | 2  | Less: Contributions Gross income (line 1 minus line 2)   |   |   |  |  |
|                 |  | - /  |   |   |  |  |
|                 | 4  | Cash prizes  |   |   |  |  |
|                 | 5  | Noncash prizes   |   |   |  |  |
| sesu            | 6  | Rent/facility costs  |   |   |  |  |
| Direct Expenses | 7  | Food and beverages   |   |   |  |  |
| Direc           | 8  | Entertainment  |   |   |  |  |
|                 | 9  | Other direct expenses .  |   |   |  |  |
|                 | 10<br>11   | Direct expense summary. Ad<br>Net income summary. Subtra   |   |   | · · · · · · · <u> </u>                   |  |
| Pa              | rt III   | Gaming. Complete if th<br>\$15,000 on Form 990-E2  | e organization answe  |   |  | or reported more than                                  |
| nue             |  | \$13,000 OH FOITH 990-E2   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming                         | (d) Total gaming (add col. (a) through col. (c))       |
| Revenue         |  |  |   |   |  |  |
| _               | 1  | Gross revenue  |   |   |  |  |
| ses             | _  |  |   |   |  |  |
| ses             | 2  | Cash prizes  |   |   |  |  |
| Expenses        | 3  | Cash prizes  |   |   |  |  |
| Direct Expenses |  | •  |   |   |  |  |
| Direct Expenses | 3  | Noncash prizes   |   |   |  |  |
| ct              | 3  | Noncash prizes   | ☐ Yes% ☐ No   | ☐ Yes % ☐ No                                  | ☐ Yes%<br>☐ No                           |  |
| ct              | 3 4 5  | Noncash prizes  Rent/facility costs  Other direct expenses .   | □ No  | □ No  |  |  |
| ct              | 3<br>4<br>5                                      | Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  | No Id lines 2 through 5 in c  | olumn (d)                                     | □ No                                     |  |
| Direct          | 3<br>4<br>5<br>6<br>7<br>8                       | Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Ad  | No  Id lines 2 through 5 in c   | olumn (d)                                     | □ No                                     |  |
| <b>6</b> Direct | 3<br>4<br>5<br>6<br>7<br>8<br>Er                 | Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Ad  Net gaming income summary.  Inter the state(s) in which the or  the organization licensed to co | No  Id lines 2 through 5 in c  y. Subtract line 7 from I  ganization conducts ga  anduct gaming activities  | olumn (d)                                     | □ No □ □ □ No □ □ □ □ No □ □ □ □ □ □ □ □ |  |
| <b>6</b> Direct | 3<br>4<br>5<br>6<br>7<br>8<br>Er<br>a Is<br>b If | Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Ad  Net gaming income summary.  Inter the state(s) in which the or the organization licensed to co  | No  Id lines 2 through 5 in c  y. Subtract line 7 from I  ganization conducts ga  ponduct gaming activities | olumn (d)                                     | No                                       | Yes No   |

Schedule G (Form 990) 2022 Does the organization conduct gaming activities with nonmembers? . . . . . . . . . . . . . . . . . 11 No Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity 12 ☐ Yes ☐ No Indicate the percentage of gaming activity conducted in: 13 13b **b** An outside facility . . . . % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and Name \_\_\_\_\_ Address \_\_\_\_, 15a Does the organization have a contract with a third party from whom the organization receives gaming ☐ Yes ☐ No **b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name \_\_\_\_\_ Address \_\_\_\_, 16 Gaming manager information: Name \_\_\_\_\_ Gaming manager compensation \$ Description of services provided \_\_\_\_\_ Director/officer Employee ☐ Independent contractor Mandatory distributions: 17 a Is the organization required under state law to make charitable distributions from the gaming proceeds to ☐ Yes ☐ No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . . Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 

# SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

| PAWS WITH PURPOSE INC   | 20-0681397   |  |  |  |  |
|---|--------------|--|--|--|--|
| PART VI, SECTION B, LINE 11:                                    |              |  |  |  |  |
| See schedule 0  |              |  |  |  |  |
|   |              |  |  |  |  |
|   |              |  |  |  |  |
| PART VI, SECTION C, LINE 19:                                    |              |  |  |  |  |
| Made available via our website and upon request.                |              |  |  |  |  |
|   |              |  |  |  |  |
| FORM 990 - SUPPLEMENTAL INFORMATION:                            |              |  |  |  |  |
| TO PROVIDE HIGHLY SKILLED SERVICE DOGS AND CONTINUED SUPPORT TO | PERSONS WITH |  |  |  |  |
| DISABILITIES OTHER THAN BLINDNESS.                              |              |  |  |  |  |
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(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## **Application for Automatic Extension of Time To File an Exempt Organization Return**

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

|  | is former with the control of the control of the  |   |   | actions). For more  | uela   | מווס טוו נוופ | electionic |
|--|---|---|---|---------------------|--------|---------------|------------|
|  | is form, visit www.irs.gov/e-file-providers/e-file-   |   |   |                     |        |               |            |
|  | tic 6-Month Extension of Time. Only subn  |   | · · · · · · · · · · · · · · · · · · ·             |                     |        |               |            |
|  | ations required to file an income tax return othe<br>Form 7004 to request an extension of time to file  |   |   | C filers), partners | hips,  | REMICs,       | and trusts |
|  |   |   |   | Taxpayer identifica | tion n | umbor (TIN    | .1\        |
| Type or  |   |   |   |                     |        |               |            |
| print  | PAWS WITH PURPOSE INC 20-0681   |   |   |                     | 397    |               |            |
| File by the due date for   | Number, street, and room or suite no. If a P.O. box, see instructions.  |   |   |                     |        |               |            |
| filing your  | PO BOX 5458  City, town or post office, state, and ZIP code. For a foreign address, see instructions.   |   |   |                     |        |               |            |
| return. See  | ee Oity, town or post office, state, and zir code. For a foreign address, see instructions.   |   |   |                     |        |               |            |
| nstructions.   | LOUISVILLE, KY 40255  |   |   |                     |        |               |            |
| Enter the  | Return Code for the return that this application i  | s for (file a                                 | separate application for                          | each return) .      |        |               | 0 1        |
| Applicat   | ion   | Return  | Application                                       |                     |        |               | Return     |
| ls For   |   | Code  | Is For  |                     |        |               | Code       |
| Form 990   | 0 or Form 990-EZ  | 01  | Form 1041-A                                       |                     |        |               | 08         |
| Form 472   | 20 (individual)   | 03  | Form 4720 (other than individual)                 |                     |        |               | 09         |
| Form 990   | O-PF  | 04  | Form 5227   |                     |        |               | 10         |
| Form 990   | 0-T (sec. 401(a) or 408(a) trust)   | 05  | Form 6069   |                     |        |               | 11         |
| Form 990   | 0-T (trust other than above)  | 06  | Form 8870   |                     |        |               | 12         |
| Form 990   | O-T (corporation)   | 07  |   |                     |        |               |            |
| <ul><li>If the org</li><li>If this is</li><li>for the wh</li></ul>   | ne No. ► (502) 689-0804 ganization does not have an office or place of but for a Group Return, enter the organization's found group, check this box ► If it the names and TINs of all members the extension | usiness in t<br>r digit Grou<br>t is for part | he United States, check<br>up Exemption Number (0 | GEN)                |        | <br>If this   | s is       |
| <ul> <li>I request an automatic 6-month extension of time until 11/15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:         <ul> <li>▶ ☑ calendar year 20 22 or</li> <li>▶ ☐ tax year beginning</li></ul></li></ul> |   |   |   |                     |        |               |            |
| <u>no</u><br><b>b</b> If t   | nonrefundable credits. See instructions.  3a \$   |   |   |                     |        |               |            |
|  | estimated tax payments made. Include any prior year overpayment allowed as a credit.  |   |   |                     |        | \$            |            |
| usi  | c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c                               |   |   |                     |        |               |            |
| Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment   |   |   |   |                     |        |               |            |

instructions.

## **Eorm 8879-TE**

## **IRS** *e-file* **Signature Authorization** for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

OMB No. 1545-0047

Internal Revenue Service

, 2022, and ending Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer PAWS WITH PURPOSE INC 20-0681397 Name and title of officer or person subject to tax SHEILAH ABRAMSON-MILES - PRESIDENT Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here . . . X **b Total revenue**. if any (Form 990, Part VIII, column (A), line 12) . . . Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . Form 1120-POL check here . . **b Total tax** (Form 1120-POL, line 22) . . . . . . . . . . 3b 3a Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a 4b **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . 5b Form 990-T check here . . . **b Total tax** (Form 990-T, Part III, line 4) . . . . . . . . . . . . Form 4720 check here . . . **b Total tax** (Form 4720, Part III, line 1) . . . . . . . . . . . 7a 7b Form 5227 check here . . . **b** FMV of assets at end of tax year (Form 5227, Item D) . . Form 5330 check here . . . . **b Tax due** (Form 5330, Part II, line 19) . . . . . . . . . . . 9h 92 Form 8038-CP check here . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 🛛 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize MELISSA ERWIN TAYLOR EA to enter my PIN as my signature Enter five numbers, but on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 6 1 8 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. MELISSA ERWIN TAYLOR EA MELISSA E TAYLOR ERO's signature Date <u>09/26/2023</u>

> ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So